

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
ADULT SERVICES PROGRAMS**

ADULT FOSTER CARE PROGRAM



February 2004

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES ADULT SERVICES PROGRAMS

ADULT FOSTER CARE

BASIS AND AUTHORITY

Adult foster care (AFC) is a community-based contractual arrangement between a department-approved provider and the local department of social services (LDSS). Room, board, supervision, personal care, and other special services are provided to adults who have a physical or mental health condition or emotional or behavior difficulties. No more than three persons may receive AFC at one time in the home of an approved provider.

Authority for the Virginia Department of Social Services (VDSS) to provide AFC is provided by the *Code of Virginia*, §63.2-1601 (Authority to provide AFC services), §63.2-800 (Auxiliary Grant program; administration of the program), and the *Social Services Policy Manual*, Volume VI, Section IV, Chapter D (Long-Term Care Services), and Chapter E (Standards for Adult Services Providers).

LOCAL BOARD APPROVAL

An AFC program is an optional service provided by the LDSS. The local board must approve the provision of AFC. Each LDSS develops its own AFC policy and submits it to the appropriate Adult Services/Adult Protective Services (AS/APS) Family Services Specialist for review prior to submitting it to the local board of social services for approval. A sample AFC policy is attached, as is a sample agreement between the provider and the adult and the local department and another community agency.

SERVICES PROVIDED BY THE LOCAL DEPARTMENT

Services that the local department shall provide as part of the AFC program include the following. See the *Social Services Policy Manual*, Volume VI, Section IV, Chapter D, and Chapter E for additional information.

- Recruitment, screening, and approval of adult foster care homes.
- Assessment of the resident using the Virginia Uniform Assessment Instrument and ensuring that the adult has had a recent medical examination.
- Assistance with placement.
- Monitoring.
- Ongoing contact.
- Auxiliary Grant payments.

FUNDING

Auxiliary Grants – Budget Line 804

An Auxiliary Grant (AG) is a supplement to income for recipients of Supplemental Security Income (SSI) and certain other aged, blind, or disabled adults residing in an

assisted living facility (ALF) licensed by VDSS Division of Licensing Programs or an AFC home approved by the LDSS. "Certain other adults" are those who would be eligible for SSI except for excess income. AG assistance is available from the LDSS and ensures that recipients are able to maintain a standard of living that meets a basic level of need. Before being admitted to an ALF or an AFC home, an adult must be assessed by the LDSS to determine the needed level of care and provide an initial authorization for services.

The AG Program is a state- (80 percent) and locally- (20 percent) funded financial assistance program administered by VDSS. The maximum grant is determined by the Virginia General Assembly and is adjusted periodically. Effective January 1, 2004, the maximum grant for AFC is \$996 in Planning District 8 and \$866 for the rest of the state. The current monthly personal allowance for AG recipients is \$62 per month.

The AFC program is a part of the AG program, but tracked separately in LASER, the Department's budget management program. LASER Cost Codes for adults in AFC homes are 80401, 80402, and 80403. (LASER Cost Codes 80404, 80405, and 80406 are for adults in licensed ALFs.)

- **80401 Adult Foster Care - Blind**
Financial assistance for persons who are blind and residing in AFC homes through the AG Program.
- **80402 Adult Foster Care - Aged**
Financial assistance for persons who are elderly and residing in AFC homes through the AG Program.
- **80403 Adult Foster Care - Disabled**
Financial assistance for persons who are disabled and residing in AFC homes through the AG Program.

Private Pay

Adults who have their own resources may be placed in approved AFC homes when they meet the same assessment criteria as local or local-only funded AG residents, and this action has been approved by the local department of social services board.

COST-SAVING BENEFITS OF THE ADULT FOSTER CARE PROGRAM

In certain circumstances, it may be more cost effective to consider approving the provider as an AFC provider, especially when the adult resides in the home of the home-based care provider.

The 2003 Annual Adult Services Survey shows that the statewide average for companion services is 12 hours per week at a cost of \$5.94 per hour or \$306.50 per month. LASER reports for two months indicate that the average AG amount for AFC is \$222 per month.

Companion Services

12 x 4.3 (average number of weeks) = 51.6 hours per month.

51.6/hrs x \$5.94/rate = \$306.50.

\$306.50 x .80 (state share) = \$245.20

\$306.50 x .20 (local share) = **\$61.30**

Adult Foster Care

\$222 x .80 (state share) = \$177.60

\$222 x .20 (local share) = **\$44.40**

PROVIDERS OF ADULT FOSTER CARE

Placements are made in homes approved by the local department. There must be local board policy addressing AFC when this option is chosen. Local departments are responsible for approving AFC homes in which their placements are made. If an AFC provider is approved by the local department, the provider is bound by the department-approved provider standards and regulations at 22 VAC 40-770-10 et seq. and Adult Services Policy in Volume VII, Section IV, Chapter E. The local department shall only approve AFC homes in which it will make placements.

MEDICAID ELIGIBILITY

If the adult is eligible to receive an AG, he or she would be eligible for Medicaid, which would cover the adult's medical expenses. Medicaid eligibility through an AFC program may be advantageous for adults who are over the Medicaid income limit, who have a high spend-down, or who have a high patient-pay amount for Medicaid waiver services.

MEDICAID WAIVER SERVICES

Adults in AFC are generally eligible for most Medicaid waiver services that are not duplicative of the basic services provided in AFC homes. The Department of Medical Assistance Services (DMAS), the state Medicaid agency, can use an LDSS's approval of an individual as an AFC provider as the basis to approve the same individual as a Medicaid provider of certain components of the Mental Retardation – Community Services Waiver (MR Waiver).

Current DMAS policy states that adults who reside in AFC homes are ineligible for Consumer-Directed Personal Attendant Services (CD-PAS), Elderly and Disabled (E&D or Personal Care Services), and Developmental Disabilities (DD) Waivers. The Virginia Olmstead Task Force, formed to develop a state plan to address the Olmstead Decision, strongly recommends that all waiver services be consumer directed and available in all non-institutional settings. These recommendations have been submitted to the Governor and the General Assembly for consideration.

COMPLIANCE WITH THE OLMSTEAD DECISION

AFC is an optional program. An LDSS has no obligation to implement the program or, if implemented, open it for placements by other service organizations. However, if an LDSS implements the program and opens it to other organizations, it assists the locality

in meeting its responsibility under the Olmstead Decision and may prevent inappropriate placements. The Olmstead Decision was a U.S. Supreme Court decision that held that a state is required under Title II of the Americans with Disabilities Act (ADA) to provide community-based treatment for persons with mental disabilities when:

- The state's treatment professionals determine that such placement is appropriate;
- The affected persons do not oppose such a placement; and
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.

Although the Olmstead case involved two individuals with a mental disability, the decision applies to all persons with disabilities who are covered under the ADA. It applies not only to individuals currently in any type of facility, but also those at risk of placement in a facility.

PROVISION OF TRANSITIONAL SERVICES TO FOSTER CARE YOUTH

The LDSS often struggles with service needs and placements for foster care youth who will continue to need support after they turn 21. A number of localities have expressed interest in obtaining appropriate adult placement for individuals with special needs who are transitioning out of the child welfare system. Placement for a young adult may be difficult, as most adult long-term care facilities focus on the elderly with significant medical and nursing needs. In many cases, the foster parent(s) may have formed an attachment to the young adult and wish to continue to provide care, but are unable to do so without financial assistance. An AFC program could be an additional service to help meet the needs of these foster care youth in transition.

The current standards and regulations for department-approved providers of AFC and child foster parents are virtually identical, although in some standards more protection is provided to children. The two main differences are "Capacity" (no more than three adults in an AFC home) and some "Physical Accommodations" requirements. Child foster parent approval could be easily converted to AFC approval. Current standards permit "mixed" clients (adults and children) in a foster care setting. A comparison of the two standards is found in Appendix A.

COORDINATION WITH LOCAL COMMUNITY SERVICES BOARDS

Local departments are encouraged to coordinate with community services boards (CSBs) in the provision of adult foster care to adults with mental illness and/or mental retardation. Local departments shall enter into an administrative support agreement with the local CSB concerning AFC. This agreement should specify which agency will be responsible for assessment, monitoring of services, placement, and discharge services provided to an adult with mental illness and/or mental retardation in the AFC home.

The LDSS is responsible to approve the AFC home and follow the requirements of this chapter when the adult's placement is assessed and funded by the LDSS. The LDSS has no responsibility for approving AFC homes when placement and services are provided and funded by the CSB or any other agency.

APPENDIX A: Social Services Policy Manual, Volume VII, Section I, Chapter I Standards and Regulations for Department-Approved Providers

ADULT FOSTER CARE (AFC)	CHILD FOSTER CARE (CFC)	COMPARISON
2.1 Standards for Providers and Other Persons	2.1 Standards for Providers and Other Persons	
A. Age 2.	A. Age 2.	<i>Same</i>
B. Criminal Records	B. Criminal Records	CFC includes arrest information. Additional barrier crimes considered when caring for children.
	C. Child Abuse/Neglect Record	N/A for AFC, but good practice.
D. Interview, References, and Employment History 1. - 4 and 7.	D. Interview, References, and Employment History 1. - 4 and 7.	<i>Same</i>
E. Training	E. Training	<i>Same</i>
F. Medical Requirements	F. Medical Requirements	<i>Same</i>
2.2 Standards for Care	2.2 Standards for Care	
A. Non-discrimination	A. Non-discrimination	<i>Same</i>
B. Supervision 1. - 3.	B. Supervision 1. - 3.	<i>Same</i>
C. Food	C. Food	<i>Same</i>
D. Transportation of Clients 1. - 2.	D. Transportation of Clients 1. - 2.	<i>Same</i> , except child restraint devices required for children.
E. Medical Care 1. - 3	E. Medical Care 1. - 3.	<i>Same</i>
	F. Discipline of Children	N/A for AFC, but concepts generally good practice for impaired adults.
H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers	H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers	<i>Same</i>
	I. Clothing Requirements of Foster Parents	<i>Same</i> , except in AFC adult purchases clothing.
2.3 Standards for the Home of the Out-of-Home Provider	2.3 Standards for the Home of the Out-of-Home Provider	
A. Physical Accommodations 1. - 7.	A. Physical Accommodations 1. - 7.	<i>Same</i> , except in AFC limited to two per room, mixed sex, and privacy requirements.
B. Home Safety 1. - 6.	B. Home Safety 1. - 6.	<i>Same</i>
C. Sanitation	C. Sanitation	<i>Same</i>
D. Capacity 1., 3., 6., 8.	D. Capacity 1., 3., 6., 8.	AFC limited to 3 adults. Mixed clients allowed.
2.4 Client Record Requirements for the Out-of-Home Provider	2.4 Client Record Requirements for the Out-of-Home Provider	<i>Same</i>
3.1 Approval Period	3.1 Approval Period	<i>Same</i>
3.2 Allowable Variance	3.2 Allowable Variance	<i>Same</i>
3.3 Emergency Approval	3.3 Emergency Approval	<i>Same</i> , except in CFC, CPS check required
3.4 Provider Monitoring A.	3.4 Provider Monitoring A.	<i>Same</i>
3.5 Renewal Process	3.5 Renewal Process	<i>Same</i>
3.6 Inability to Continue to Meet Standards	3.6 Inability to Continue to Meet Standards	<i>Same</i>
3.7 Relocation of Out-of-Home Provider	3.7 Relocation of Out-of-Home Provider	<i>Same</i>
3.8 Right to Grieve	3.8 Right to Grieve	<i>Same</i> , except in CFC additional rights provided by Va Code
	3.9 Foster Parent Appeal Right	N/A for AFC
3.10 Medical Requirements for Clients	3.10 Medical Requirements for Clients	<i>Same</i>
3.11 Use of Provider by More Than One Department	3.11 Use of Provider by More Than One Department	<i>Same</i>
3.12 Local Department Record Keeping	3.12 Local Department Record Keeping	<i>Same</i>

APPENDIX B

SAMPLE ADULT FOSTER CARE POLICY FOR LOCAL DEPARTMENTS OF SOCIAL SERVICES

_____Department of Social Services

I. Rationale

_____ Department of Social Services believes in the dignity and independence of the individual. In order to enable eligible adults to maintain their dignity and independence to the greatest extent possible, adult foster care (AFC) will be provided when indicated and available.

AFC is a community-based contractual arrangement between a department-approved provider and the local department of social services (LDSS). Room, board, supervision, personal care, and other special services are provided to adults who have a physical or mental health condition or an emotional or behavior problem. No more than three persons may receive AFC at one time in the home of an approved provider.

Authority to provide AFC is provided by the *Code of Virginia*, §63.2-1601 (Authority to provide adult foster care services), §63.2-800 (Auxiliary Grant program; administration of the program), and the *Social Services Policy Manual*, Volume VII, Section IV, Chapter D (Long-Term Care Services), and Chapter E (Standards for Adult Services Providers).

II. Financial Eligibility

[] Auxiliary Grants

AFC will be provided to individuals who meet the eligibility requirements for an Auxiliary Grant.

[] Private Pay

AFC will be provided for individuals who are assessed to be in need of AFC but are ineligible for an Auxiliary Grant. Private pay individuals will be responsible for the total amount of the cost of AFC.

III. Assessment

An initial assessment for AFC will be completed at the time of the application or referral. The assessment will include:

1. Determination of financial eligibility.
2. An assessment of the need for services using the Virginia Uniform Assessment Instrument (UAI) indicating that the individual meets, at a minimum, the residential level of care in an assisted living facility (ALF).
3. An identification of Adult Protective Services (APS) needs, if appropriate.
4. The availability and compatibility of an approved AFC provider.

- [] Individual will be 18 years of age or older.
- [] Individual will be 60 years of age or older.
- [] Individual will be _____ years or older.
- [] Other criteria (attach copy of criteria to policy).

IV. Scope of Services

The rate established by the local department of social services for AFC under the Auxiliary Grants Program shall cover the following services:

1. Room and board.
 - a. Provision of a furnished room;
 - b. Housekeeping services based on the needs of the recipient;
 - c. Meals and snacks required by licensing regulations, including extra portions of food at mealtime and special diets; and
 - d. Clean bed linens and towels as needed by the recipient and at least once a week.
2. Maintenance and care.
 - a. Minimal assistance with personal hygiene including bathing, dressing, oral hygiene, hair grooming and shampooing, care of clothing, shaving, care of toenails and fingernails, arranging for haircuts as needed, care of needs associated with menstruation or occasional bladder or bowel incontinence;
 - b. Medication administration as required by regulations including insulin injections;
 - c. Provision of generic personal toiletries including soap and toilet paper;
 - d. Minimal assistance with the following:
 - (1) Care of personal possessions;
 - (2) Care of funds if requested by the recipient and policy allows this practice;
 - (3) Use of the telephone;
 - (4) Arranging transportation;
 - (5) Obtaining necessary personal items and clothing;
 - (6) Making and keeping appointments; and
 - (7) Assistance with correspondence.
 - e. Securing health care and transportation when needed for medical treatment;

- f. Providing social and recreational activities; and
- g. General supervision for safety.

V. Personal Needs Allowance

1. The monthly personal needs allowance in AFC shall be the same amount as the allowance in an adult assisted living. The personal needs allowance for the recipient shall not be charged by the provider for any item or service not requested by the resident. The personal needs allowance is expected to cover the cost of the following categories of items and services:
 - a. Clothing;
 - b. Personal toiletries not included in those to be provided by the provider or if the recipient requests a specific type or brand of toiletries;
 - c. Personal comfort items including tobacco products, sodas, and snacks beyond those required by the AFC policy;
 - d. Barber and beauty shop services;
 - d. Over-the-counter medication, medical co-payments and deductibles, insurance premiums;
 - f. Other needs such as postage stamps, dry cleaning, laundry, direct bank charges, personal transportation, and long distance telephone calls;
 - g. Personal telephone, television, or radio;
 - h. Social events and entertainment offered outside the scope of the activities program;
 - i. Other items agreed upon by both parties except those listed in subsection 2.
2. The personal needs allowance shall not be encumbered by the following:
 - a. Recreational activities required by policy (including any transportation costs of those activities);
 - b. Administration of accounts (bookkeeping, account statements);
 - c. Debts owed the provider for basic services as outlined by policy;
 - d. Charges for laundry that exceed \$10 per month.

VI. Level of Care and Rate

[] One Level of Care at:

[] The maximum rate permitted by the Auxiliary Grant Program.

[] The rate established by the local board of social services.

Rate: \$_____ per month

[] Multiple Levels of Care

[] Level 1 Rate: \$_____ per month

Individual meets the residential level of care and exhibits no active psychological or behavioral problems.

[] Level 2 Rate: \$_____ per month

Individual meets the assisted living level of care and the need for an increased level of supervision.

[] Level 3 Rate: \$_____ per month

Individual meets the assisted living level of care and has psychological or behavior problems that need close supervision in all activities. The provider should be skilled in working with confused and/or easily agitated individuals.

[] If multiple levels of care are used, see attached local policy.

VII. Coordination with Other Community Service Organizations

Local departments of social services are encouraged to coordinate with community services organizations in the provision of AFC. It is recommended that local agencies enter into an administrative support agreement with the organization. This agreement should specify which agency will be responsible for assessment, placement, provision and monitoring of services, emergency services, and discharge services for individuals placed by other community service organizations. The _____ Department of Social Services will permit AFC placement for:

- [] Adults for whom the LDSS has primary case management responsibility.
- [] Adults for whom another community service organization has primary case management responsibility. (Attach copy of administrative support agreement.)

VIII. Waiting List

- [] In chronological order according to application date.
- [] When a compatible, approved provider is available.
- [] Priority will be given to APS situations when the assessment indicates a need for AFC and financial eligibility criteria are met.

Approved by the _____ Board of Social Services

Effective Date: _____

_____ <i>Signature</i>	_____ <i>Signature</i>	_____ <i>Signature</i>
_____ <i>Signature</i>	_____ <i>Signature</i>	_____ <i>Signature</i>

Appendix C
Sample Adult Foster Care Agreement

I, _____, agree to pay _____,
(Name of Adult) (Name of Adult Foster Care Provider)

_____,
(Address of Adult Foster Care Provider, including city, state, and Zip Code)

for my daily room, board, supervision, and special service(s) as specified below at the monthly rate of \$ _____. I understand that I am to receive from the provider the following special service(s):

I further understand that if I choose to move, or the adult foster care provider wants me to move, a two-week notice in writing will be necessary. The two-week notice in writing must be given to _____ and to the _____
(Name of adult foster care provider) (Local department of social services)

I understand I may retain the balance of my income, my personal income plus my Auxiliary Grant, that remains after the above amount is paid to the Adult Foster Care Provider.

I, _____, agree to provide to the above-named adult daily room,
(Name of adult foster care provider)

board, and supervision in consideration for a monthly fee of \$ _____. I agree to comply with all requirements of the Department in the provision of adult foster care services.

I further understand that if the above-named adult desires to move, or if I determine that he or she shall move, a two-week notice in writing will be necessary. The two-week notice in writing must be given to _____ and to the _____
(Name of adult) (Local department of social services)

Date

Signature of Adult/Guardian

Date

Signature of Adult Foster Care Provider

Date

Signature of Social Worker

Date of Entry into Adult Foster Care Home _____

cc: Adult in Care, Adult Foster Care Provider, and Local Department of Social Services

Appendix D
Sample Adult Foster Care Interagency Agreement

_____ agrees to authorize
(Name of receiving local dept. of social services)

_____ to recruit, approve, and
(Name of placing local dept. of social services)

place adults in the Adult Foster Care Program in _____.
(Name of Political Jurisdiction)

_____ will retain the following
(Name of placing local dept. of social services)

responsibilities in accordance with Adult Foster Care policy and procedures:

- 1) Approval and renewal of the adult foster care home;
- 2) Direct services and ongoing supervision of the adult;
- 3) The Auxiliary Grant payment in Adult Foster Care; and
- 4) Arranging of services needed by the adult from other community services agencies prior to the placement of the adult foster care home in

_____.
(Name of Receiving Jurisdiction)

_____ <i>Date</i>	_____ <i>Signature and Title of Authorized Staff of Receiving Local Department of Social Services</i>
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_____ <i>Date</i>	_____ <i>Signature and Title of Authorized Staff of Placing Local Department of Social Services</i>
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cc: Family Services Specialist